

Please refer to the instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

PROGRAM MANAGEMENT BRANCH

Date Received
(For Official Use Only)

FEB 23 1998

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒ A. First Notification

☒ B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

1LR000026831

II. Name of Installation (Include company and specific site name)

AGASSIZ SCHOOL

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

2851 N SEMINARY

Street (Continued)

City or Town

CHICAGO

State

Zip Code

IL 60657-

County Code

County Name

031 COOK

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

2918 E 95TH STREET

City or Town

CHICAGO

State

Zip Code

IL 60617-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

PAPKE

(First)

WILLIAM

Job Title

PROTECT MANAGER

Phone Number (Area Code and Number)

773-721-9350

VI. Installation Contact Address (See Instructions)

A. Contract Address
Location Mailing Other

B. Street or P.O. Box

☐ ☐ ☐

2918 E 95TH STREET

City or Town

CHICAGO

State

Zip Code

IL 60617-

VII. Ownership (See Instructions)

A. Name of installation's Legal Owner

CHICAGO PUBLIC SCHOOLS

Street, P.O. Box, of Route Number

10W 35TH STREET

City or Town

CHICAGO

State

Zip Code

REGIONAL IL 60659-

Phone Number (Area Code and Number)

312-536-1070

B. Land Type

D

C. Owner Type

D

D. Change of Owner Indicator

Yes

No

(Date Changed)

Month

Day

Year

RECEIVED

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028 Expires 9-30-96
GSA No. 0246-EPA-OT

APR 20 1990

RCRA RECORDS ROOM

ID - For Official Use Only

VIII Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity

B. Used Oil Recycling Activities

1. Generator (See Instructions)
 - ☐ a. Greater than 1000kg/mo (2,200 lbs.)
 - ☒ b. 100 to 1000 kg/mo (200-2,200 lbs.)
 - ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
 - ☐ a. For own waste only
 - ☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☒ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
 - ☐ a. Generator Marketing to Burner
 - ☐ b. Other Marketers
 - ☐ c. Boiler and/or Industrial Furnace
 - ☐ 1. Smelter Deferral
 - ☐ 2. Small Quantity Exemption
 - Indicate Type of Combustion Device(s)
 - ☐ 1. Utility Boiler
 - ☐ 2. Industrial Boiler
 - ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

1. Used Oil Fuel Marketer
 - ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
 - ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
 - ☐ a. Utility Boiler
 - ☐ b. Industrial Boiler
 - ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
 - ☐ a. Transporter
 - ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
 - ☐ a. Process
 - ☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

- | | | | | |
|--------------------------|--------------------------|--------------------------|----------------------------|----------------------------------------------------------------------------------------------|
| 1. Ignitable (D001) | 2. Corrosive (D002) | 3. Reactive (D003) | 4. Toxicity Characteristic | (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature <i>William Dapke</i>	Name and Official Title (Type or print) <i>GENERAL MANAGER</i>	Date Signed <i>1/24/98</i>
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XI. Comments

We will be removing a metal cornice atop the Aggaggi School only the paint contains lead.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5

77 WEST JACKSON BOULEVARD

CHICAGO, IL 60604-3590

April 17, 1998

REPLY TO THE ATTENTION OF:

MR. WILLIAM PAPKE
AGASSIZ SCHOOL
2918 E 95TH STREET
CHICAGO, IL 60617

RECEIVED
APR 20 1998
RCRA RECORDS ROOM
Waste, Pesticides & Toxics Division
U.S. EPA—REGION 5

RE: US EPA ID Number ILR 000 026 831
Location: 2851 N SEMINARY
CHICAGO, IL 606057

In response to your correspondence of 01/24/98, the following
information has been updated:

MAILING ADDRESS CHANGED TO:	2918 E 95TH STREET
CONTACT PERSON CHANGED TO:	WILLIAM PAPKE
LEGAL OWNER'S ADDRESS:	10 W 35TH STREET
CONTACT PERSON'S PHONE NUMBER:	(773) 721-9350
LEGAL OWNER'S PHONE NUMBER:	(312) 536-1070

If you have any questions, please call me at (312) 886-6173.

Sincerely,

Sharon Kiddon
RCRA Notifications Coordinator
Waste Management Division

cc: State Agency
File

0316065156

Form Approved: OMB No. 2050-0028 Expires 9-30-90
GSA No. 0246-EPA-01

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Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

OFFICE OF RCRA
MANAGEMENT DIVISION

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒ A. First Notification

☐ B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number:

TLR0000026831

II. Name of Installation (Include company and specific site name)

ACASSI Z

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street:

2851 N SEMINARY

Street (Continued)

City or Town

CHICAGO

State

Zip Code

IL

60657-

County Code

County Name

031

COOK

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

SAME

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

WARD

COOK

Job Title

Phone Number (Area Code and Number)

PRINCIPAL

312-534-5725

VI. Installation Contact Address (See instructions)

A. Contact Address

Location Mailing Other

☒

B. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

CHICAGO PUBLIC SCHOOLS

Street, P.O. Box, or Route Number

1819 WEST PERSHING ROAD

City or Town

State

Zip Code

CHICAGO

IL

60609-

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

Month Day Year

312-535-7039

M

M

Yes

☒

No

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)

A. Hazardous Waste Activity

1. Generator (See instructions)
☐ a. Greater than 1000 kg/mo (2,200 lbs.)
☒ b. 100 to 1000 kg/mo (200-2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
☐ a. For own waste only
☐ b. For commercial purposes
- Mode of Transportation:
☐ 1. Air
☐ 2. Rail
☒ 3. Highway
☐ 4. Water
☐ 5. Other specify _____
3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace
☐ 1. Smaller Deferral
☐ 2. Small Quantity Exemption
 Indicate Type of Combustion Device(s):
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner. Indicate Type(s) of Combustion Device(s)
☐ a. Utility Boiler
☐ b. Industrial Boiler
☐ c. Industrial Furnace
3. Used Oil Transporter. Indicate Type(s) of Activity(ies)
☐ a. Transporter
☐ b. Transfer Facility
4. Used Oil Processor/Refiner. Indicate Type(s) of Activity(ies)
☐ a. Process
☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (2001) ☐ 2. Corrosive (2002) ☐ 3. Reactive (2003) ☐ 4. Toxicity Characterization (List specific EPA hazardous waste number(s) for the Toxicity characteristic container(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1 D008	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6
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X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Carol Wilinski

Name and Official Title (Type or print)

CAROL WILINSKI
DEPUTY CHIEF OPERATING OFFICER

Date Signed

8/2/96

XI. Comments

Should be classified as generator only

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section of the booklet for addresses.)

9/10/96
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